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FROM: Barbara M. Hayashi

RE:

OUR REF: 100560.0009US1	NUMBER OF PAGES, INCLUDING COVER: 8
09/977930	
SEMI-CONTINUOUS BLOOD SEPARATION USING MAGNETIC BEADS	
QUALIGEN - MICHAEL POIRIER, ET AL.	

MESSAGE:

Attached: 1) Transmittal Form, 2) Amendment 6 pages

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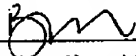
PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/977,930	
	Filing Date	October 11, 2001	
	First Named Inventor	Michael Poirier	
	Art Unit	1641	
	Examiner Name	Ann Y. Lam	
Total Number of Pages in This Submission	7	Attorney Docket Number	100560.0009US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Rutan & Tucker	
Signature		
Printed name	Martin Fessenmaier	
Date	11/10/04	Reg. No. 46697

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Practitioner's Docket No. 100560.0009US1

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl No.: 09/977,930  
Applicant: Michael Poirier  
Filed: October 11, 2001  
TC/A.U.: 1641  
Examiner: Lam, Ann Y.

Confirmation No. 4572

Docket No.: 100560.0009US1  
Customer No.: 34284

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**RESPONSE UNDER  
37 C.F.R. section 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 1641**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the final Office action of September 15, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

Appl. No. 09/977,930

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